


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718479</b> 1. Entity Name COCONUT GROVE NEGRO WOMEN'S CLUB, INC.	
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Principal Place of Business 3802 OAK AVE. MIAMI FL 33133 US	Mailing Address 3459 PERCIVAL AVE MIAMI FL 33133 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER, ANNIE B 3802 OAK AVENUE MIAMI FL 33133</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when re-stating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD CARR, JANIS F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10830 SW 154TH ST	NAME	
STREET ADDRESS	MIAMI FL 33133	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	
TITLE	VPD JORDAN, BARBARA B.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6241 S.W. 58TH STREET	NAME	
STREET ADDRESS	SOUTH MIAMI FL	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	
TITLE	SD CAREY, JOSEPHINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3620 S.W. 37TH AVE.	NAME	
STREET ADDRESS	MIAMI FL 33133	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	
TITLE	PD FALCO, JULIA F	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3421 FLORIDA AVENUE	NAME	
STREET ADDRESS	MIAMI FL 33133	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	
TITLE	SD JESSIE, MARY D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3435 SHIPPING AVE	NAME	
STREET ADDRESS	MIAMI FL 33133	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	
TITLE	TD DIXON, MYRTLENE S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6250 SW 62ND CT	NAME	
STREET ADDRESS	MIAMI FL 33133-5040	STREET ADDRESS	
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myrtle S. Dixon* Myrtle S. Dixon 4-29-2008